PI200038150

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	; #)		
•	,			
(Business Entity Name)				
<u> </u>				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
Office Use Only				

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2012

JACQUELINE CHAMBLISS 6619 S. DIXIE HWY., #157 MIAMI, FL 33143

SUBJECT: JACKIE'S CREATION UNLIMITED, INC Ref. Number: W12000020717

We have received your document for JACKIE'S CREATION UNLIMITED, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II Supervisor New Filing Section

Letter Number: 012A00011716

www.sunbiz.org

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

NC **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUI

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Jacque linel Chambliss Name (Printed or typed) 6619 SDixie Hw9#157				
Address Miumi F/ 33/43 City, State & Zip				
305-746-2399				
Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

•	ARTICLES OF IN In compliance with Chapter 607	and/or Chapter 621 FS (I	Profit)
ARTICLE I N The name of the corpo	AME Jackie 5 C	Reations Un	limited, INC
	RINCIPAL OFFICE		TIM TO -
	Principal street address 104198 Divie Hwy #157	Mailir	ng address, if different is
	Miami, F1 33143		
	/		
ARTICLE III PU	JRPOSE		OR S
The purpose for whic	th the corporation is organized is:	ć i c	1. Tim & Facilitate
General pu	rpose, Hair Maintaun,	Seminers; 20	mean of a company
Product Main	repatrices and Developme	at of Property	Manageaco tand
Retail Salon	TRPOSE the the corporation is organized is: rpose, Hair Maintaun, nfatury and Development und Pricobucts Servie	e . O	V
ARTICLE IV Si The number of shares	HARES of stock is: One Hundred Stop	rest 100 shows.	
<u>ARTICLE V II</u>	VITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>	
Name and Title Address:	: Jacqueline Chambliss 1010/4 SDIXIS HWYCIST	Name and Title:	
Address:	miami, F1 33143		······
	CEÓ		
Name and Title	Autry Chanbliss 10619 SDIVIE HWY #157	Name and Title:	
Address:			
	MIAMI, FI 33143 VICELTOR .		
Name and Title: Address:		Address:	······
	EGISTERED AGENT		
The <u>name and Florid</u> Name:	<u>a street address</u> (P.O. Box NOT acceptable) Ja (GUC line Chambers)) of the registered agent is:	
Address:	64 a SDIFIE Hay # 157		
	miam: F1 33143		
ARTICLE VII IN	CORPORATOR		
	ss of the Incorporator is: la (que line Chamb 45)		
Name: Address:	64 19 SDivis Hwy #157		
	WI 19 SD: vie Hwy #157 miami, FU,3344		
Having been named a	as registered agent to accept service of prod	ess for the above stated co	prporation at the place designated in
	amiliar with and accept the appointment as i		
\bigcirc	() (Sin)	I	41,6/17
Aayun	Required Signature/Registered Agent		Date
/ Fsubmit this docume.	nt and affirm that the facts stated herein a rtment of State constitutes a third degree fel	tre true. I am aware that i onv as provided for in s R1	the false information submitted in a 7.155. F.S.
, we can the solution of the solution		ing as province for month	7// /
Zaul	which ther you		4/16/12
	Required Signature/Incorporator		/ / Date
$() \cup $			

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